

PATENT
Attorney Docket 72957

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: James FONTANESI)

Appln No.: 10/068,109)

Filed: February 5, 2002)

For: METHODS FOR THE COST-
EFFECTIVE DELIVERY OF
MEDICAL SERVICES PURSUANT
TO A PROCEDURE-BASED
MANUAL)

Group Art)

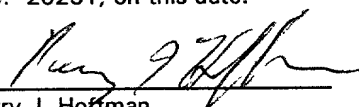
Unit: 2166)

Examiner:)

CERTIFICATE OF MAILING

I hereby certify that this paper is being
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Washington, D.C. 20231, on this date.

5/28/02
Date


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Attorney for Applicant(s)

PRELIMINARY AMENDMENT

Commissioner of Patents and Trademarks
ATTENTION: Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

Prior to examination of the above-identified application, please amend the
application as follows:

IN THE SPECIFICATION:

Amend the priority data claimed by Applicant by changing "08/384,141,
filed 02/24/95" to --08/394,141, filed 02/24/95--.

IN THE CLAIMS:

Please cancel claims 1-20 without prejudice and add the following new claims:

21. A procedure-based medical services delivery and reimbursement system facilitating long-term treatment management of patients, comprising:

one or more physician information processors for recording patient quality of life, economic, treatment, and payment information from a treating physician's facility;

at least one central information processor located separate from said one or more physician information processors, said central information processor storing multiple treatments for generally accepted protocols that may be administered to patients over a predetermined time duration with respect to a staging of the patient's ailment;

a communications network for establishing communications between said physician information processors and said central information processor for communicating patient quality of life, economic, treatment, and payment information therebetween;

said central information processor generating a range of treatments communicated to said one or more physician information processors, allowing the treating physician to select from generally accepted protocols for administration to the patient over the predetermined time duration;

a patient interface in communication with said one or more physician information processors indicating the administration of a physician selected protocol and a time duration corresponding to the actual administration of treatment to the patient; and

said one or more physician information processors receiving adjustments in the range of treatments and reimbursement by utilizing the patient quality of life,

economic, treatment, and payment information with a comparison of the predetermined time duration and the actual treatment time duration processed at said at least one central information processor for customizing the range of treatments to a reduced set of treatments to maximize the patient's quality of life and economic conditions after treatment.

22. A system as recited in claim 21, wherein said central information processor stores treatments comprising radiation, surgery chemotherapy disciplines and the like for generally accepted protocols administered over predetermined time durations with respect to staging of the ailment.

23. A system as recited in claim 22, wherein said central information processor comprises access to institutionally approved treatment protocols for storing the treatments.

24. A system as recited in claim 21, wherein said central information processor and said physician information processors establish communication over said communications network for recording a multiplicity of identified patient treatment outcomes comprising clinical observations, complications, quality of life, economic impact, patient satisfaction and the like with reference to protocols administered over the predetermined time duration.

25. A system as recited in claim 21, wherein said central information processor generating a range of treatments communicated to said one or more physician information processors, allowing the treating physician to select from specific investigational review board approved protocols for administration to the patient over the pre-determined time duration, comprising physician originated input regarding treatment decisions at various points in time.

26. A system as recited in claim 25, wherein said physician originated input comprises use of prognostic factors to help delineate treatment options.

27. A system as recited in claim 21 wherein the predetermined time duration includes multiple-week treatment regimes comprising monitoring devices providing a patient interface for ailment staging considerations, default options, conditionals, timing compliance, payment requirements and the like.

28. A system as recited in claim 21, wherein the treatment protocols include multiple interventions comprising combined treatments such as oncology therapies.

R E M A R K S

The instant preliminary amendment is submitted to introduce claims 21-28 and withdraw pending claims 1-20 from consideration without prejudice. In addition, the filing receipt in the above-referenced application has brought to light a clerical error in the priority data claimed in the specification which is corrected by way of the instant amendment. Separately from this filing, a letter requesting a corrected filing receipt is also submitted to accurately reflect the priority data claimed by Applicant, and further in response to the Notice to File Corrected Application Papers, a separate filing provides the requested substitute specification and substitute drawings in accordance with 37 C.F.R. §§ 1.52 and 1.84, respectively. No new matter is introduced by the above-referenced filings or the instant amendment.

With regard to newly introduced claims 21-28, Applicant's invention is believed to patentably define over the known prior art consistent with Applicant's original disclosure. In particular, the claim set is directed to the long term management of multiple treatments taken from a range of treatments with timing and several other considerations. A benefit of Applicant's invention is provided for physicians located in rural or remote areas, or otherwise being inaccessible to peer review and advisory boards for generally accepted protocols that may be

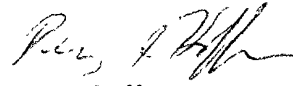
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administered to patients over a predetermined time duration with respect to a
staging of the patient's ailment.

Respectfully submitted,
FITCH, EVEN, TABIN & FLANNERY

By



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May 28, 2002

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